

Please return to:

Investigative Services
General Counsel Division
Post Office Box 80447
Conyers, Georgia 30013



Office: (678) 413-8525

GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY COMPLAINT FORM

In order to process your complaint in the most efficient manner, please complete pages 1 through 3.

Complainant Name: _____
First Middle Initial Last

Address: _____
Street Apt. No. City State Zip

Telephone Number: () _____
Day Evening

Email Address: _____ **Cellular Phone:** () _____
Optional Optional

Date of Incident: _____ **Location of Incident:** _____

Employee Name: _____

Job Title: _____ **Work Location:** _____

REQUIRED INFORMATION FOR FEDERAL REPORTING PURPOSES ONLY.

Basis for complaint: (If Applicable)

? Race ? Color ? National Origin ? Sex ? Age ? Disability/Handicap

List other Governmental Agencies or Organizations where this complaint may have been filed.

Complainant:

Race: White ? Black ? Hispanic ? Asian ? Other ?

Color: _____ National Origin: _____ Sex _____ Age _____

Handicap/Disability: _____

Please check only those appropriate to the nature of your complaint.

- ? Use of Force
- ? Improper Use of Speed Detection Device
- ? Improper Use of Emergency Lights
- ? Violation of Oath of Office
- ? Improper Discharge of Weapon
- ? Intentional Mistreatment of Prisoner
- ? Unlawful Detention
- ? Theft
- ? Bribery
- ? Criminal Violation
- ? Violation of Outside Employment Policy
- ? Hostile Work Environment
- ? Improper Sexual Conduct
- ? Driver's License Forgery
- ? Falsification of Official State Documents
- ? Unauthorized Dissemination of Information
- ? Neglect of Duty
- ? Improper Use of Leave
- ? Misuse of State Equipment/Property
- ? Actions Discrediting Department
- ? Untruthful to Superiors
- ? Insubordination
- ? Conflict of Interest
- ? Impeding Department Efficiency/Economy
- ? Verbal Abuse
- ? Violation of DMVS Rules / Policies
- ? Other: _____

Attach additional sheets if necessary.

I understand that this is an official document of the Department of Motor Vehicle Safety and that it will be used to determine whether an employee is guilty of misconduct, unprofessional behavior or criminal activity. By my signature, I am verifying that I have carefully read this document and that, based on my personal knowledge, I believe each and every allegation raised to be true. I also understand that it would be a felony to knowingly make any false statement on this form and that if I make any false statement I would be subject to criminal prosecution under the laws of this state including, but not limited to, O.C.G.A. § 16-10-20.

DMVS0201L (12/01)
Page 3